

## Summer Food Service Program Pre-Approval Site Visit Form

Site Name	Phone Number			
Site Address				
Name of person to	contact for use of site			
Type of Site	RecreationalSchoolChurchPlaygroundParkResidential CampOther, Explain			
Estimated number	of children the site could serve			
Estimated number	of needy children in the area			
Estimated number	of personnel needed to adequately supervise the food service			
Is another site nee	ded in this area? Yes No			
Is the food prepar	ation area on site? Yes No			
If no, wha	satellite facility will serve this site?			
Is there a place to	store prepared or delivered food?Yes No			
Is there a place to	store summer food service records?Yes No			
Describe the facil	ty and equipment			
Seating Capacity	Dining Tables			
Refrigeration	Milk Coolers			
Frozen Storage	Dry storage			
Stoves	Ovens			
Holding Facilities	Serving Counters			

Are utilities operable?	Gas	Electricity	
	Hot Water	Cold Water	
	Other, Explain		
If outside, describe shelter fo	or inclement weather		
Is the facility adequate to me	et the needs of this pro	posed meal service?Yes	No
If no, comment:			
Has the facility been inspected	ed by the county sanita	rian?YesNo	
If no, when will the in	nspection be made?		
What types of organized activ	vities are possible or p	lanned at this site?	
List problems that may need	to be corrected before	the program begins	
I certify that this site was insp	pected prior to implem	enting the Summer Food Servic	e Program.
Signature		Date	